

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AS (SEMIAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Facility Information**

**Facility Name:** PLEASANT VILLA FOR SENIORS LLC (0009236)

**Address:** 315 W BELOIT ST, DARIEN, WI 53114

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2001

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0095720      **End Date:** 10/10/2005      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008844    Served 10/17/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL		
83.13(7)(a)10	SCREENING FOR COMMUNICABLE DISEASE		
83.14(7)(b)	CONTINUING EDUCATION		
83.21(4)(w)	SAFE ENVIRONMENT		
83.33(3)(b)2.b	MEDICATION STORED IN ORIGINAL CONTAINER		
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL		

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

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**Enforcement History**

**Date:** 10/13/2005      **SOD #**10008844      **Appealed:** Yes      **Decision:** STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
FORFEITURE---83.13(4)(a)  
FORFEITURE---83.13(7)(a)10  
FORFEITURE---83.13(7)(a)9  
FORFEITURE---83.14(7)(b)  
FORFEITURE---83.21(4)(w)

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**Complaint History**

**Date Complaint Received: 02/10/2005**

**Date Investigation Completed: 10/10/2005**

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

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